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ABSTRACT

School-based drug abuse prevention programs have been a standard approach in American Indian communities for three decades, but the evidence for their effectiveness is meager. However, it is unreasonable to expect that schools alone could have a major impact on a behavior that has multiple and interactive social causes. It would be folly to eliminate school-based efforts since they come from one of the major socialization forces in the lives of American Indian children and it may be that these initiatives have some as-yet unmeasured effect. The total answer to the drug abuse problem will only come when all elements of the community can come together and present a unified message to their young people. The many specific avenues for prevention that are available in American Indian communities have been listed and all must be brought to bear on the problem. Given what we know about American Indian families and what the research is beginning to show, it is absolutely essential that they be significantly involved in any drug prevention strategy. Any effort that does not include the family will certainly overlook the major asset of American Indian communities and likely will not succeed. The schools continue to do their part, but they alone do not have the potency needed to address this most serious problem. (Contains 20 references.) (TD)

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Do School-Based Drug and Alcohol Abuse Prevention Programs Work in American Indian Communities?

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Abstract

School-based drug abuse prevention programs have been a standard approach in American Indian communities over the past three decades. However, there is very little evidence these programs have been effective. In addition, on theoretical grounds, schools are not in the strongest position to counter drug use among adolescents. As compared with non-Indian families, American Indian families have been shown to have a more powerful influence in the lives of their children. Therefore, for these initiatives to be effective, it is very clear that anti-drug abuse programs must enlist the help and support of American Indian families.

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While it is common to ask such broad and important questions as posed by this chapter's title, most researchers and practition-

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ers realize that, given the complexity of substance abuse behavior, simple answers will not be forthcoming. Even such thorough and thoughtful reviews of drug abuse prevention strategies among American Indians as provided by May (1995) and May and Moran (1995) lead to more questions than to straightforward answers. A study of May and Moran's work, as well as that of Owan, Palmer, and Quitana (1987), The Office for Substance Abuse Prevention (Breaking New Ground, 1990), and Hayne (1993, 1994), provides a comprehensive picture of drug prevention efforts in American Indian communities. That work, therefore, will not be restated here. Rather, it is the purpose of this chapter to focus on school-based prevention efforts in American Indian schools, to ask some hard questions about the assumptions underlying these efforts, and to determine whether the energy that has been expended in this regard is warranted.

The introductory chapter to this volume contains a summary of the trends and patterns of substance use for American Indian adolescents. Basically there have been consistent findings of higher levels of use for American Indian youth, but the pattern of increases and decreases over the past two decades have been similar for both American Indian and non-Indian youth (Beauvais, 1996). The most recent evidence points to increases in drug use since 1992, with a possible recent leveling off (Johnston et al., 1998; Beauvais, 1996). For some time there has been a strong recognition of the nature of the substance abuse problem in American Indian communities, and a significant amount of effort has gone into prevention of these problems. Unfortunately, too few of the programs that have been implemented are based on theory and even fewer have been evaluated in any thorough manner.

The question of the efficacy of school-based programs specifically is not an insignificant one, since the reviews cited indicate that school-based prevention efforts are by far the most popular approach in American Indian communities. In 1987, for instance, Owan, Palmer, and Quintana identified 420 school drug-prevention programs in American Indian schools; this was a low estimate since many schools did not respond to the survey used in this study. In one sense schools are a convenient venue

for conducting prevention programs, since they are places where there is easy access to young people. Further, there is this legacy within the prevention field: that if only young people could be educated as to the negative effects of drugs, their substance abuse would subside. Hence, schools would seem to be the logical place to impart this information. This view may be misguided, however, and it would be useful to question it on theoretical grounds.

The breadth and combination of those social factors affecting the trends in adolescent drug use remain elusive, and in the absence of certain knowledge there will be a lot of *post hoc* explanations for the increases and decreases in use that have been observed over time. Rather than speculate, it would be helpful to turn to theory as a guide in understanding the changing patterns in adolescent drug use. Oetting (1992) has proposed one way of looking at the determinants of adolescent behavior. There are three major socialization forces that influence the behavior of youth: family, peers, and school. By examining these forces and the links between them, we may gain some insight into why adolescents, over time, act differently with respect to drugs. It should be kept in mind that any speculation should be tentative and that final judgment must await objective verification.

Family

If drug use is different now than it was a few years ago, it is likely attributable to changes in the way families respond to drugs. In the late 1970s, when drug use was rapidly increasing, families were unprepared to address the issue. Society was emerging from a time of intense youth activism, and the new drug-using lifestyles of young people came up against a family structure that had few guidelines for responding to drug use among their children. For a period of time, families were confused and immobilized. As the negative effects of drugs became more evident, families became clearer about what behaviors they were willing to tolerate and began taking action against their children's sub-

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stance abuse. The early 1980s witnessed the burgeoning of the family anti-drug movement both across the United States and within American Indian communities. In that period of time, we saw the formation of thousands of parent groups whose mission was to protect their children from the consequences of drug use. Notably, as these parent groups gained momentum drug use began to decrease. The specific activities that these parent groups engaged in were probably not as important as the overall message that these groups sent to the youth. Essentially the parent movement was making it very clear that drug use was not acceptable. As drug use began to decline throughout the 1980s, the parent movement lost its potency and there was likely a perception that the problem was going away. Responsibility for drug prevention shifted to established organizations such as the schools or law enforcement (e.g., DARE) and much of the influence of the parents may have been lost. When this shift occurred, drug use began to rise once more.

Peers

The influence of peers has been well documented in the drug abuse literature as being the most powerful determinant of drug use (Oetting and Beauvais, 1986; Duncan, Tildesley, Duncan, and Hops, 1995; Clapper, Martin, and Clifford, 1994). In conjunction with their closest friends, adolescents do a great deal of "norming" around the topic of drug use, and it is within these peer clusters that the decisions on drug use are made. Given the change in drug use over the past few years, there most certainly has to have been a change in the peer environment that now makes the substance abuse more acceptable among young people.

Adolescence is a tense period during which young people are separating from their parents and becoming more responsive to socializing influences outside of the family. During this time young people will alternate between allegiance to family values and those of their closest friends. With respect to drugs, if parents have become less vocal or certain about their values, it is likely that young people will become more responsive to the

values in their peer environment—and all too often these values include the use of mind-altering chemicals.

Peers influence one another in two specific ways: they encourage one another to engage in particular behaviors, or they apply sanctions against certain behaviors (Oetting and Beauvais, 1986). Given the strong link between peers and drug use and the recent increases in drug use, it is likely that peers are now encouraging one another toward more drug use, and they are less likely to try to stop their friends from using drugs. Effective prevention programs must find ways of intervening in these developmental processes. Given the discussion of the family influence above, it would seem to be an efficacious strategy to strengthen the anti-drug messages coming from the family to offset the opposite ones coming from peers.

One of the specific messages that is shared and shaped within the peer network is the level of risk that young people perceive as accompanying substance abuse. Johnston and his colleagues at the University of Michigan have recorded a remarkable correspondence between perceived risk from substance abuse and actual substance abuse (1998). As the perceived risk of harm increases, drug use decreases; conversely, during periods when perceived risk diminishes, drug use increases. (Interestingly, availability of drugs, over time, bears little relationship to rates of drug use.) There is some uncertainty about the causative direction in this relationship: does the perception of lower risk lead to higher drug use, or does perception of drug risk go down when one begins using a drug? In one sense the causal direction is unimportant. What is important is that during times of high drug use, young people, especially those who are just beginning to contemplate use, are exposed to an attitudinal environment that downplays the risk of using drugs. During times of rising use, prevention programs must recognize these attitudes and design interventions to counter them. These efforts must be tempered, however, by the knowledge that overstating the harmful effects of drug use has been shown to be ineffective in reducing use. Further, just providing information about drugs without other prevention strategies has not been an effective strategy.

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School

The third important socializing influence in the lives of young people is their school environment. Young people spend a great deal of time in school and thus are subject to the values of that system. This system has become even more central in the lives of children in recent years as the schools have been asked to assume greater responsibility in areas formerly reserved for the family such as drug prevention, sex education, health, and family planning.

Given that drug prevention efforts in the schools are so widespread, it is reasonable to ask how effective these are and whether the results are worth such a major investment. In reading the materials available on school programs in American Indian communities, one is hard pressed to find much evidence that these programs are effective in the long term in reducing drug abuse among American Indian youth (Owan, Palmer, and Quitana, 1987; Breaking New Ground, 1990; Hayne, 1993, 1994). This is not to say that these programs are of no value, since they may have other positive effects on youth and serve as one method of communicating society's values regarding substance abuse.

The relative lack of effectiveness of school-based programs is not limited to American Indian communities. Two recent sources document this. Gorman (1996) reviewed the results of school programs: those that were only informative and those that focused on affective approaches (e.g., decision-making skills, stress management). This study concluded that both of these types of programs were largely ineffective in reducing drug use. Gorman then analyzed the results of 12 recent large programs that were based on developing social and refusal skills, and came to much the same conclusion. Some short-term changes in attitudes about drugs and drug use were noted with some programs, but these changes were not sustained over time.

Botvin et al. (1995) have also reviewed the literature and concluded "...sound, empirical evidence for the effectiveness of

school-based interventions on these drugs [alcohol and marijuana] is limited (p. 1106)." This study then goes on to report on a newly developed school-based intervention, and the study does produce evidence for this program's effectiveness. More important than the actual content of this new program, however, are the conditions that the program sets out for any school-based intervention to be effective.

First, the program has to be potent enough to actually have an effect on the complex, and perhaps long-standing, behavior of drug use. Most programs are very limited in the amount of time that youth are involved in them, and thus it is unreasonable to assume that drug-using behavior in youth can be impacted by the short duration of most interventions. For example, a 10-session program over a 10-week period certainly cannot be expected to make a lasting difference.

Second, effective programs need booster sessions that are given at sufficient intervals to reinforce the changes resulting from the program; one-shot programs cannot lead to lasting changes.

The third element of a successful program is making certain that it is implemented in its entirety as it was designed. All too often, prevention workers take only certain parts of effective programs and apply them in the classroom; this often destroys the efficacy of a successful intervention. Along with complete implementation, it is important to make sure that the people running the program are doing it consistently and completely. Botvin and his group found that interventions were more effective when the programs were monitored and the trainers were periodically given extra training and support.

Finally, many programs in the past have been based on ineffective principles and simply do not address the issues that will lead to reduced drug use. Gorman, cited above, found very clear evidence that education based solely on the effects of drugs or on improving affective functioning (e.g., improving self-esteem), do very little in the way of countering drug use.

All in all, it appears that school-based prevention programs have not been demonstrated to be very effective, and to be effective they have to adhere to fairly strict guidelines. It is not likely

that these guidelines are followed in most instances, including with programs in schools serving American Indian youth. One common reason for this is that, as Botvin et al. noted, effective school-based prevention programs take a tremendous amount of school time and require extensive training and monitoring. Many schools find that it very difficult to provide even basic academic instruction and cannot afford the resources for addressing behavioral health issues.

Another major reason why drug prevention programs in the classroom may not be very effective is that most drug use does not take place in the school environment. Beauvais (1992) reveals that the majority of drug and alcohol use occurs outside of the school context, with most of it taking place on weekends, at night with friends, and in the home. Should drug use in these circumstances be the responsibility of the schools? Clearly this is a larger community issue, and it is unreasonable to assume that schools alone can address it.

Should School Prevention Programs Be Eliminated?

Probably not. In May's (1995) thorough review of alcohol prevention activities in American Indian communities, he concluded that the lack of effectiveness was due to the incomplete nature of prevention efforts. He recognizes the complexity of drug abuse and strongly recommends that comprehensive, community-wide action is needed. For some time, the schools have been taking their part of the burden, but this has not been matched by other elements of the community, where most drug use takes place. School-based efforts have simply not been, nor can they be, sufficiently potent to counter the problem. Rather than eliminating these activities they should be maintained and strengthened, as recommended by the Botvin et al. study. However, it is essential that the rest of the community join in so that a powerful and unanimous message is sent to young people regarding substance and alcohol abuse.

The Strength of American Indian Families

American Indian communities have a potential advantage for attacking the drug abuse problem. It is widely held that American Indian families play a greater role in the lives of their children and that this influence continues further into the adolescent years than it does among non-Indian families. This has certainly been demonstrated for family influence on drug use in a recent research project (Swaim, Oetting, Jumper-Thurman, Beauvais, and Edwards, 1993). Pathways to drug use for both American Indian and non-Indian youth show similar factors influencing drug use for the two groups, with some significant exceptions. For the American Indian youth, the strength of the link between peers and drug use is much lower, indicating that the peer process is not quite as important for them. More importantly, there is a direct link apparent among American Indian youth between family sanctions and drug use; apparently American Indian youth are more responsive to their parent's negative attitudes toward drugs than are white youth. Finally, white youth who make a better adjustment to school seem to have lower rates of drug use, whereas there is no relationship between school adjustment and drug use among American Indian youth. This latter finding is not surprising, since school is less important in the lives of American Indian youth (LaFromboise and Low, 1989); adjustment to school, therefore, would not necessarily be as strong a protective factor against using drugs.

Conclusion

The question posed in the title of this article is not an easy one to answer. The evidence for the effectiveness of school-based drug prevention programs is fairly meager. However, it is unreasonable to expect that the schools alone could have a major impact on a behavior that has multiple and interactive

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social causes. At the same time, it would be folly to eliminate these school-based efforts since they are coming from one of the major socialization forces in the lives of American Indian children and it may be that these initiatives are having some as-yet unmeasured effect. The total answer to the drug abuse problem will only come when all of the elements of the community can come together and present a unified message to their young people. May (1995) has listed the many specific avenues for prevention that are available in American Indian communities and concludes that all of these must be brought to bear on the problem. Given what we know about American Indian families, and what the research is beginning to show, it is absolutely essential that they be significantly involved in any drug prevention strategy. Any effort that does not include the family will certainly be overlooking the major asset of American Indian communities and likely will not succeed. The schools continue to do their part, but they alone do not have the potency needed to address this most serious problem.

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References

Beauvais, F. (1992). Drug use of friends: A comparison of reservation and nonreservation Indian youth. *American Indian and Alaska Native Mental Health Research, 5,* 43–50.

Beauvais, F. (1996). Trends in drug use among American Indian students and dropouts, 1975-1994. *American Journal of Public Health, 86,* 1594–1598

Beauvais, F., Chavez, E., Oetting E., Deffenbacher, J., & Cornell, G. (1996). Drug use, violence and victimization among White American, Mexican American and American Indian dropouts, students with academic problems, and students in good academic standing. *Journal of Counseling Psychology, 43,* 292–299.

Beauvais, F., & LaBoueff, S. (1985). Drug and alcohol abuse intervention in American Indian communities. *The International Journal of the Addictions, 20,* 139–171.

Beauvais, F., Oetting, E., Wolf, W., & Edwards, R. (1989). American Indian youth and drugs, 1976-1987: A continuing problem. *American Journal of Drug and Alcohol Abuse, 11,* 209–229.

Botvin, G., Baker, E., Dusenbury, L., Botvin, E., & Tracy, D. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a White middle-class population. *Journal of the American Medical Association, 272,* 1106–1112.

Breaking new ground for American Indian and Alaska Native youth: Program summaries. (1990). Rockville, MD: Office of Substance Abuse Prevention.

Clapper, R., Martin, C., & Clifford, P. (1994). Personality, social environment and past behavior as predictors of late adolescent alcohol use. *Journal of Substance Abuse, 6,* 305–313.

Duncan, T., Tildesley, E., Duncan, S., & Hops, H. (1995). The consistency of family and peer influences on the development of substance use in adolescence. *Addiction, 90,* 1647–1660.

Gorman, D. (1996). Do school-based social skills training programs prevent alcohol use among young people? *Addiction Research, 4,* 191–210.

Hayne, B. (1993). *An eagle's view: Sharing successful American Indian/Alaska Native alcohol and other drug prevention programs (Vol. I).* Portland, OR: Northwest Regional Educational Laboratory.

Hayne, B. (1994). *An eagle's view: Sharing successful American Indian/Alaska Native alcohol and other drug prevention programs (Vol. II).* Portland, OR: Northwest Regional Educational Laboratory.

Johnston et al. (1998). *Drug use by American young people begins to turn downward.* Ann Arbor, MI: The University of Michigan, News and Information Services. (Press release, Dec. 18).

LaFromboise, T., & Low, K. (1989). American Indian children and adolescents. In J.Gibbs & L. Huang (Eds.), *Children of color: Psychological interventions with minority youth* (pp. 114–147). San Francisco: Jossey-Bass.

May, P. (1995). The prevention of alcohol and other drug abuse among American Indians: A review and analysis of the literature. In P. Langton (Ed.), *The challenge of participatory research: Preventing alcohol-related problems in ethnic communities* (pp.185–243). Rockville, MD: Center For Substance Abuse Prevention.

May, P., & Moran, J. (1995). Prevention of alcohol misuse: A review of health promotion efforts among American Indians. *American Journal of Health Promotion, 9,* 288–298.

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Oetting, E. (1992). Planning programs for prevention of deviant behavior: A psychosocial model. In J. Trimble, C. Bolek, & S. Niemcryk (Eds.), *Ethnic and multicultural drug abuse*, 313–344. Binghamton, NY: Haworth Press.

Oetting, E., & Beauvais, F. (1986). Peer cluster theory: Drugs and the adolescent. *Journal of Counseling and Development, 65*, 17–22.

Owan, T., Palmer, I., & Quintana, M. (1987). *School/community-based alcoholism/substance abuse prevention survey.* Rockville, MD: Indian Health Service.

Swaim, R., Oetting, E., Jumper-Thurman, P., Beauvais, F., & Edwards, R. (1993) American Indian adolescent drug use and socialization characteristics: A cross-cultural comparison. *Journal of Cross-Cultural Psychology, 24*, 53–70.